



CENTER OF EXCELLENCE
IN DISASTER MANAGEMENT
& HUMANITARIAN ASSISTANCE

PACIFIC DISASTER MANAGEMENT INFORMATION NETWORK (PDMIN)

1 Jarrett White Rd. MCPA-DM • Tripler AMC, HI 96859-5000

Telephone: 808.433.7035 • Fax: 808.433.1757

PDMIN@coe-dmha.org • <http://coe-dmha.org/apdr>



**ASIA-PACIFIC DISEASE OUTBREAK
/SURVEILLANCE REPORT**

Week of May 17, 2004

AMERICAN SAMOA

Possible Dengue Outbreak in American Samoa

The Department of Health in American Samoa says the hospital has noticed a recent rise in the number of patients with dengue like symptoms. It also says four highly suspect cases have been identified in the last few weeks. The department says the territory has no record of current cases, which suggests the start of an outbreak. The last outbreak was in 2001 with over 3,000 cases reported at the hospital within a 3-month period. To prevent another large outbreak in the territory, health officials recommend that everyone immediately inspect around their homes and clear any debris that may collect water in which mosquitoes can breed.

Source:

· Radio New Zealand International, May 19, 2004, <http://www.rnzi.com/>

· Pacific Islands Report, May 19, 2004, <http://pidp.eastwestcenter.org/pireport/2004/May/05-19-04.htm>

BANGLADESH

650 AIDS Patients Have Died in Bangladesh Since End of 2001

The Center for Communication and Development (CCD) organized two-day workshop on "Orientation of Journalists on HIV/AIDS Issue" under the auspices of CARE-Bangladesh on May 17 and 18. At the workshop World Health Organization (WHO) statistics were presented. According to the WHO, 13,000 people of different ages have been infected with HIV/AIDS and 650 AIDS patients had died by the end of 2001. There are 150,000 sex workers in the country and 6 per cent of them are carrying the HIV virus and transmitting it to the male sex-partners everyday through sexual contact. The workshop also discussed the origin and prevention of HIV/AIDS, the present situation of AIDS in different countries of the world including Bangladesh, the role of mass media and journalists in the prevention of HIV/AIDS and other matters related to the issue.

Source:

· News From Bangladesh, May 22, 2004, <http://www.bangladesh-web.com/view.php?hidDate=2004-05-22&hidType=NAT&hidRecord=000000000000000009053>

Diarrhea Kills 12 People in Three Bangladesh Districts

Diarrhea claimed 12 lives in the Gopalganj, Bandarban and Kishor-eganj districts in the past week. The previous week diarrhea had claimed the lives of five children and attacked 559 people. About 200 patients were admitted to Gopalganj Sadar Hospital, 62 in Kasiani Upazila Health Complex (HC), 132 in Kotalipara HC, 98 in Muksudpur HC and 75 in Tongipara HC. The worst affected areas are Pathalia, Basbari, Gamadanga, Dugapur, Raghunathpur, Dharabashail, Kandhi, Tangrabhola, Uzani, Nazanikandhi and Bathuria.

Source:

· News From Bangladesh, May 20, 2004, <http://www.bangladesh-web.com/view.php?hidDate=2004-05-20&hidType=LOC&hidRecord=000000000000000008846>

Malaria Resurfaces in Bangladesh

Malaria kills about 500 people in the country every year. Most casualties are in the northeastern hilly areas where over 12 million people are at risk from this mosquito-borne disease. About 70,000 malaria patients are admitted to different hospitals every year. 70 percent of malaria cases are of an acute nature caused by plasmodium falciparum, and 90 percent of its victims are found in the five districts of Chittagong, Cox's Bazar, Rangamati, Khagrachhari and Bandarban. A large number of patients die before reaching the hospital. One factor complicating malaria cases in Bangladesh is resistance to conventional anti-malarial drugs. The high cost of newer and more effective drugs is a problem for malaria patients as most of them are very poor. The main factors contributing to people dying of malaria are lack of early detection and prompt treatment.

Source:

· Newkerala.com, May 19, 2004, <http://news.newkerala.com/world-news/index.php?action=fullnews&showcomments=1&id=17783>

CHINA

Last SARS Patient Discharged From Beijing Hospital

A 49-year-old physician, the last patient in China's latest SARS outbreak, has been discharged from a Beijing hospital. All nine cases in China's latest outbreak were traced to a Beijing research laboratory that handled the virus. The outbreak began in April with two lab workers who may have contracted the virus on the job. Other patients included a nurse who treated one of the lab workers and the nurse's parents. The mother of one lab worker died. The World Health Organization has declared the outbreak contained. WHO experts are still trying to figure out how the lab workers were infected. SARS first emerged in the southern province of Guangdong in late 2002. It killed 774 people worldwide and infected more than 8,000 before abating in July, 2003. In December and January, China reported four cases in the southern province of Guangdong, and all of those patients recovered.

Source:

· Utusan Online, May 21, 2004, http://www.utusan.com.my/utusan/content.asp?v=2004&dt=0522&pub=Utusan_Express&sec=Discoveries&pg=di_01.htm

Shanghai to Provide Free/Reduced Cost AIDS Treatment to the Poor

Shanghai will provide free or reduced cost HIV/AIDS treatment to the poor amid growing alarm about the spread of the disease among residents and migrant workers as part of a centrally mandated set of measures to intensify the fight against HIV/AIDS. Among

the city's 17 million people, 195 new cases of HIV infection were confirmed last year. Of the city's 911 existing HIV cases and 110 AIDS cases, 51 have died since 1987. AIDS therapy in China usually costs between 30,000 to 50,000 yuan (3,630 to 6,050 dollars), and well exceeds the means of most Chinese. The State Council, China's cabinet, last week published the measures in a circular to governments at all levels, ordering them to follow the new guidelines. Experts warn that the disease is now spreading from high-risk groups to the general population and the number of infected could reach 10 million by 2010 if urgent measures are not taken.

Source:

· Terra Daily, May 19, 2004, <http://www.terradaily.com/2004/040519092950.b1qbwyqa.html>

COOK ISLANDS

Undiagnosed Illness in the Cook Islands

An undiagnosed illness that has struck the local population in the Cook Islands is raising concern. The illness, which causes skin irritation, has been affecting people on the southern coast of Rarotonga, for several months. The government is bringing in overseas scientists to investigate the illness, first thought to be caused by soil contamination or an algal bloom in the lagoon. The problem has impacted the tourism industry. The Prime Minister, Dr Robert Woonton, has appointed a task force that he will chair, to investigate and understand the situation.

Source:

· Radio Australia, May 21, 2004, <http://www.abc.net.au/ra>

· Pacific Islands Report, May 21, 2004, <http://pidp.eastwestcenter.org/pireport/2004/May/05-21-08.htm>

HONG KONG

Hand-Foot-and-Mouth Disease Found in Hong Kong Preschools

A 21-month old Hong Kong boy was recently infected with enterovirus 71 - one of several viruses that can cause hand, foot and mouth disease. The virus was blamed for the deaths of 50 children in Taiwan in 1998, and 30 in Malaysia the previous year. The boy has recovered, but officials were checking whether other children - including 16 of his schoolmates and 10 children at another nursery - have enterovirus 71. All the children had symptoms of the disease around May 7-18. Symptoms usually include a fever, mouth sores and rashes on the hands and feet. The disease can potentially cause fatal inflammation of the heart muscles, spinal cord or brain. Five people in Hong Kong, including the boy, were confirmed infected with enterovirus 71 this year but all have recovered. Hand, foot and mouth disease commonly occurs in summer and early autumn. It usually affects children and can be spread through direct contact with body fluids.

Source:

· Utusan Online, May 21, 2004,

http://www.utusan.com.my/utusan/content.asp?v=2004&dt=0522&pub=Utusan_Express&sec=Discoveries&pg=di_02.htm

INDIA

Diarrhea Affects Over 300 People in Chennai, India

Over three hundred people have become ill after a diarrhea outbreak in Chennai. Contaminated drinking water is believed to be the cause of the disease, which is

common in rural India during the summer. Most of the patients, including children, were admitted to the city's government-run hospital. The 300-plus patients were admitted with the symptoms of diarrhea and vomiting from certain parts of Chennai, Ottary, Pattalam and Pulianthoppe. Hospital authorities say that the disease is most likely water-borne and that they are doing their best to control the situation.

Source:

· Hindustan Times, May 20, 2004, http://www.hindustantimes.com/news/181_769953.0050.htm

Cholera Kills Two People, Hospitalizes Many in Chennai, India

Two people have died of cholera and 440 others, many with symptoms of the disease, were admitted to Government Communicable Disease Hospital in Chennai. Of those admitted, 260 have been discharged after treatment, and 182 remained as in-patients, including 55 cholera cases. Most of the patients came from the areas of Otteri, Pattalam and Pulianthope, all in north Chennai.

Source:

· Hindustan Times, May 20, 2004, http://www.hindustantimes.com/news/181_769636.000600010002.htm

PAKISTAN

Three New AIDS Cases Detected in Larkana, Pakistan

The number of AIDS cases in Larkana has increased to 85 after three new cases were detected in the district. Two cases, after being diagnosed at the Chandka Medical College Hospital's pathological laboratory, had been sent to the Sindh AIDS Control Program in Karachi for confirmation. Another person was found HIV positive after his blood screening was conducted at the CMCH. The Community Development Network Forum (CDNF), which runs a drop-in point center for AIDS patients, has not received promised funds and is now running on a self-help basis. About 30 HIV cases regularly visit the center.

Source:

· Dawn, May 21, 2004, <http://www.dawn.com/2004/05/21/local50.htm>

Four People in Pakistan Suspected to Have Crimean-Congo Hemorrhagic Fever

Four people, including Two Afghans, suffering from suspected Crimean-Congo hemorrhagic fever (CCHF) virus infection have been admitted to the hospital in Quetta (Baluchistan), where the highly contagious tick-borne disease claimed three lives in May 2004. Blood samples from the victims who died have been sent to South Africa for further tests. The patients had a high grade fever and were bleeding through the mouth and nose. One Pakistani with similar symptoms was brought from Qila Saifullah and another from Zhob district. The patients were receiving treatment, including blood transfusions and were showing signs of improvement. The CCHF belongs to the same family of acute hemorrhagic fevers as the Ebola virus found in Africa.

Source:

· The News International, May 17, 2004, <http://www.ianq.com.pk/thenews/may2004-daily/17-05-2004/main/main17.htm>

· Utusan Online, May 17, 2004,

http://www.utusan.com.my/utusan/content.asp?v=2004&dt=0518&pub=Utusan_Express&sec=Discoveries&pg=di_08.htm

· Daily Times online, May 17, 2004, http://www.dailytimes.com.pk/default.asp?page=story_17-5-2004_pg7_42

· Promed Mail, May 17, 2004,

http://www.promedmail.org/pls/askus/f?p=2400:1001:424240::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,25406

SINGAPORE

AIDS Increasing in Singapore – Government is Partly to Blame

AIDS is increasing in Singapore and the government is partly to blame for refusing to subsidize vital drugs and not doing enough to educate the community, according to a prominent advocacy group. Last year there were 242 new infections of HIV, the highest annual figure since the disease was first recorded in the city-state in 1985. Between 1985 and 2003 there were 2,075 people infected with AIDS in Singapore, leading to 776 deaths. Medication costs between S\$1,200 and S\$1,400 (between US\$705 and US\$823) per month. Singaporeans who cannot afford to pay for the drugs locally seek medication from Thailand, where a typical three-drug cocktail costs between \$60 and \$70 (between US\$35 and US\$41) per month. But not all anti-retroviral drugs are available in Thailand, leaving some patients no option but to wait for the disease to progress.

Source:

· Utusan Online, May 18, 2004,

http://www.utusan.com.my/utusan/content.asp?y=2004&dt=0518&pub=Utusan_Express&sec=Discoveries&pg=di_01.htm

Other World News

WORLD

WHO Initiates Annual Assembly on Global Health Threats

The 192 World Health Organization member states opened their annual assembly Monday, with an agenda dominated by a renewed drive against HIV/AIDS, the threat of new infectious diseases that could jump animals to humans, and the growing impact of lifestyle on health. The WHO will be seeking more support this week after it called on countries to boost the supply of life-saving drugs to treat HIV/AIDS victims in poor countries, aiming to treat three million patients by 2005. Less than seven percent of the six million AIDS victims worldwide who urgently need treatment actually receive medical care. The pandemic affects an estimated 34 million to 46 million people across the globe and has killed 20 million people so far.

Source:

· Utusan Online, May 18, 2004,

http://www.utusan.com.my/utusan/content.asp?y=2004&dt=0518&pub=Utusan_Express&sec=Discoveries&pg=di_05.htm

· WHO Website, May 14, 2004, <http://www.who.int/mediacentre/notes/2004/wha1/en/>

.....
The Asia-Pacific Disease Outbreak/Surveillance News is meant for informational purposes only. As such, the Center of Excellence in Disaster Management and Humanitarian Assistance (COEDMHA) does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon. COEDMHA's Pacific Disaster Management Information Network (PDMIN) team surveys, compiles and disseminates news reports from various publicly available newswires, websites, and health information networks including but not limited to the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and ProMed. Some information is presented in its original version. The information contained herein does not necessarily represent the views of the COEDMHA.